RETURN

U.S. Census Bureau 1201 East 10th Street Jeffersonville, IN 47132-0001 **FORM E-2**

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

ANNUAL SURVEY OF GOVERNMENT EMPLOYMENT **MARCH 2001 - STATE INSTITUTIONS OF HIGHER EDUCATION**

In correspondence pertaining to this report, please refer to the Census File Number above your address

(Please correct any error in name, address, and 7IP Code)

	(Flease correct any error in flame, address, and Zir Code)									
Data supplied by	Name				Title	Title				
	Mailing address – <i>Number and street or post office box</i>				City	City		State	ZIP Code	
	Telephone				FAX	FAX E		-MAIL		
	Area code	Number	Extension	Area code	Number					

FROM THE DIRECTOR U.S. CENSUS BUREAU

We are requesting your help with the Annual Survey of Government Employment. Through this voluntary survey, authorized by Title 13, United States Code, Section 182, we collect data on state and local government employment and payrolls for one pay period in March of each year.

Results of this survey provide the only source of nationwide comprehensive information on this subject. The U.S. Congress, Federal agencies, state and local governments, educational and research organizations, and the general public use these results. Some of the major uses include:

- 1. Development of the government purchases of goods and services component of the gross domestic product.
- 2. Development of the national income accounts.
- 3. Development of personal income figures for States and county areas.
- 4. Allocation of certain Federal grant funds.
- 5. Legislative research.
- Wage and salary negotiations by State and local governments.

 Comparative studies of employment by function by State and local governments.

Please help us by completing this form with information from your institution's payroll record(s) and returning the addressed copy in the enclosed envelope, within three weeks, if possible. **We request that you retain a photocopy of the completed reply for your records.** Prompt and accurate completion of this form will save further effort and correspondence.

If you have any questions, please call the U.S. Census Bureau on 1–800–832–2839. Thank you for your cooperation. The U.S. Census Bureau appreciates your help.

Kenneth Prewitt

Enclosures

Sincerely,

NOTE

Please note that this is a national form that applies to governments with wide differences in the size of their service areas, the Please note that this is a national form that applies to governments with wide differences in the size of their service areas, the amount of the population served, and the extent and complexity of their activities. Public reporting burden for this collection of information is estimated to vary from 10 minutes to 1 1/2 hours per response, with an average of 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Associate Director for Finance and Administration, Paperwork Reduction Project 0607-0452, Room 3104, FB 3, U.S. Census Bureau, Washington, DC 20233.

CENSUS USE ONLY

DEFINITIONS AND INSTRUCTIONS

EMPLOYEES — Persons paid for personal services performed in the indicated pay period, including any persons in a paid leave status. Exclude any employees on unpaid leave, contractors, and their employees.

Full-Time Employees — Persons employed during this pay period to work the number of hours that represents regular full-time employment. **Include** temporary or seasonal employees who are working the number of hours that represents full-time employment.

Part-Time Employees — Persons employed on a part-time basis during the designated pay period. Include all student employees and any daily or hourly employees usually engaged for less than the regular full-time workweek. Exclude here, and report as full-time, any temporary or seasonal employees working on a full-time basis during this pay period.

How frequently are employees of this agency paid for their services?

PAY INTERVAL

Part I

PAYROLL (GROSS BEFORE DEDUCTIONS) — Salaries, wages, fees, or commissions earned by employees during (or applicable to) the pay period(s) which includes March 12, 2001. Include overtime, premium, and night differential pay. Include bonuses and incentive payments that are paid at regular pay intervals. Include amounts withheld for taxes, employee contributions to retirement systems, etc. Exclude lump sum payments and the value of living quarters and subsistence allowances furnished to employees. If some employees are on a different pay interval from the majority, please report their payroll and any part-time hours separately as indicated in the Special Instructions for Part III on page 3.

PART-TIME HOURS PAID — Total hours actually paid during pay interval for all persons working less than the number of hours that represents full-time employment. **Include an estimate** of hours worked during pay period for part-time employees not compensated on an hourly basis.

IF EXACT FIGURES ARE NOT AVAILABLE, ENTER ESTIMATES AND MARK WITH AN ASTERISK

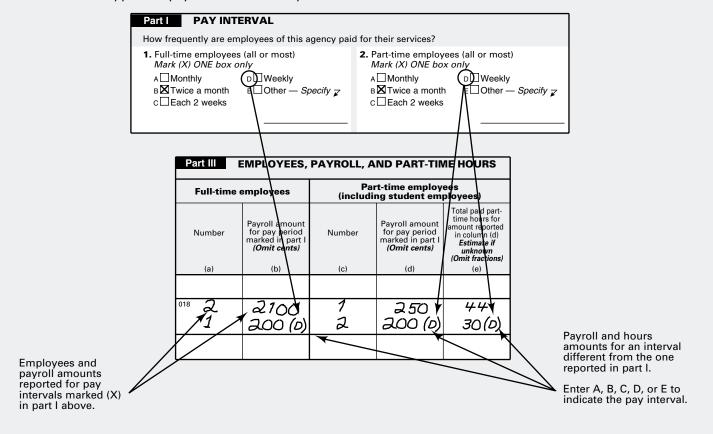
1. Full-time employees (all or most) Mark (X) ONE box only A ☐ Monthly D ☐ Weekly B ☐ Twice a month E ☐ Other — Specify ✓	2. Part-time emp Mark (X) ONE A ☐ Monthly B ☐ Twice a m	D□Weel			
c ☐ Each 2 weeks	c ☐ Each 2 we		— Specify ₂		
3. Please specify the number of months per year of the following classes of full-time employees are	over which the an disbursed.	nual salaries of t	Month	s per year	
		al personnel			
	Administra	tive/clerical emplo			
	All other sa	alaried employees			
Part II STANDARD WEEKLY HOURS				CENSUS	USE ONLY
Indicate the average or standard number of weekly hours of work for the MAJORITY of your institution's full-time employees. If full-time instructional employees do not have standard hours of work, consider only noninstructional employees for this question. Mark (X) ONE box only A 40 hours B 37.5 hours C 35 hours					
Part III EMPLOYEES, PAYROLL, AND P Report data for the ONE PAY PERIOD I fiscal year payrolls.			arch 12, 2001. [Oo not report	
	Full-time	employees	Part-time employees (including student employees)		
Activity A person working in more than one of the following categories should be reported only once — in the area of primary responsibility	Number of employees	Payroll amount for pay period marked in part I (Omit cents)	Number of employees	Payroll amount for pay period marked in part I (Omit cents)	Total paid part- time hours for amount reported in column (d) Estimate if unknown (Omit fractions)
	(a)	(b)	(c)	(d)	(e)
TOTAL — Sum of items 1 through 7					
 Instructional staff — Employees engaged in teaching and related academic research, including continuing education and other non-degree programs. Report adjunct professors and graduate teaching/research assistants as part-time. 	018				

2. Hospitals — All noninstructional employees of hospitals operated by your institution and serving the general public. Include intern and resident physicians. Report student health facilities not available to the general public at item 7 below.	040
3. Outpatients clinics — All noninstructional employees of health clinics operated by your institution and serving the general public. Include intern and resident physicians. Include any clinics operated as part of a regular, inpatient hospital at item 2 above. Report student health services not available to the general public at item 7 below.	032
4. Agricultural experiment stations and farms — All employees of agricultural experiment stations and farms not reported at Instructional Staff, item 1 above.	059
5. Agricultural extension services — County agricultural and home demonstration agents and all other employees of agricultural extension services not reported at Instructional Staff, item 1 above.	159
6. Auxiliary enterprises — Cafeteria, dining hall and residence hall workers, and employees of your institution engaged in other auxiliary activities, such as college bookstores and student unions.	016
7. All other — All employees of your institution, including any paid student help, not reported above — i.e., administrative, clerical, and custodial workers, noninstructional employees engaged in organized research, law enforcement personnel, etc.	116
Additional remarks — Please indicate below any groups of difficulties you encountered in comp	your employees for which you could not supply information or any leting the form.

SPECIAL INSTRUCTIONS FOR PART III

Report separately in part III all employees, payrolls, and part-time hours that are on a pay interval different from the one reported in Part I, PAY INTERVAL.

Enter code A, B, C, D, or E next to payroll and part-time hours amounts to indicate applicable pay interval. For example:



BEFORE RETURNING THE QUESTIONNAIRE, PLEASE CHECK THAT YOU:

- Indicate in part I the length or frequency of your pay period.
- Indicate in part II the standard weekly hours of work for **most** full-time employees.
- Report in part III gross payroll amounts for just the one pay period (monthly, weekly, etc.) which included March 12, 2001.
- Include all current employees whether paid from the "general fund" or special funds.
- Include all gross salaries and wages, regardless of the source of funds or how earned.
- Include total paid hours of work for part-time employees in part III, column (e).
 If actual hours are unknown, please enter an estimate.

SPECIAL CAUTIONS:

- Do not report cumulative salaries since the beginning of the calendar or fiscal year.
- Do not report payroll amounts from last fiscal year.
- Do not report in part III the **employer** costs of non-wage employee benefits such as workers' compensation, FICA, health insurance, etc.
- If you have multiple payrolls of different frequencies, please use the reporting format shown in SPECIAL INSTRUCTIONS FOR PART III above.
- If you are unable to supply any of the information requested in part III, please list in "Remarks" the source(s) of the missing information (including address and telephone number).
- Complete the "Data supplied by" box on the front of the form and return the completed questionnaire in the envelope provided. Please retain a copy of the form for your records.